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CONFIRMATION NO. 7546

<b>SERIAL NUMBER</b> 10/631,159	<b>FILING OR 371(c) DATE</b> 07/31/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> ACS 63976 (4054P)
<b>APPLICANTS</b> Carla Rosa Pienknagura, Santa Clara, CA; <b>** CONTINUING DATA *****</b> <i>&gt; HPL (U)</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/25/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> FULWIDER PATTON LEE & UTECHT, LLP Howard Hughes Center 6060 Center Drive, Tenth Floor Los Angeles, CA90045				
<b>TITLE</b> Intravascular stent with inverted end rings				
<b>FILING FEE RECEIVED</b> 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	